

**1. Exit Summary**

Client ID (Computer Generated) \_\_\_\_\_

Exit Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

**2. Detailed Client Information (Program-Level Data Elements)**

<b>Housing Status</b>	<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing their housing <input type="checkbox"/> Unstably housed & at-risk of losing housing	<input type="checkbox"/> Stably housed <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
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<b>Barriers::</b>				
<b>Substance Abuse Problem</b>	<input type="checkbox"/> No <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse <input type="checkbox"/> Both Alcohol & Drug Abuse	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>Mental Health Problem</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
<i>If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<i>If Yes, expected to be of long-continued/indefinite duration; substantially impairs ability to live independently</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<i>If yes to any above, received services or treatment while in program</i>	<input type="checkbox"/> Mental Health <input type="checkbox"/> Substance Abuse <input type="checkbox"/> No	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
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**Income::**

<b>Income Received Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>Non-Cash Benefits Received Last 30 Days</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused
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<b>Monthly Income</b>	<input type="checkbox"/> A Veterans' Disability Payment <input type="checkbox"/> Alimony or Other Spousal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Earned Income <input type="checkbox"/> General Assistance <input type="checkbox"/> No Financial Resources <input type="checkbox"/> Other <input type="checkbox"/> Pension from a Former Job <input type="checkbox"/> Private Disability Insurance <input type="checkbox"/> Retirement Income from Social Security <input type="checkbox"/> SSDI <input type="checkbox"/> SSI <input type="checkbox"/> TANF <input type="checkbox"/> Unemployment Income <input type="checkbox"/> Veteran's Pension <input type="checkbox"/> Worker's Compensation	<b>Non-Cash Benefits</b>	<input type="checkbox"/> Supplemental Nutritional Assistance Program (Food Stamps) <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE <input type="checkbox"/> SCHIP <input type="checkbox"/> Special Supplementation Nutritional Program for WIC <input type="checkbox"/> VA Medical Services <input type="checkbox"/> TANF Child Care Services <input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Section 8, Public Housing, or other ongoing rental assistance <input type="checkbox"/> Other Source <input type="checkbox"/> Temporary Rental Assistance
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**Employment (Adults and Unaccompanied Youth only)::**

<b>Currently Employed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>If Yes, # of Hours Worked in Past Week</b>	_____ hours
<b>If No, Looking for Work?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Don't Know <input type="checkbox"/> Refused	<b>If Yes, Looking for Additional Employment/Increased Hours at Current Job?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employment Tenure</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	<input type="checkbox"/> Seasonal <input type="checkbox"/> Don't Know	<input type="checkbox"/> Refused	

<b>Destination::</b>	
<b>Destination at Exit</b>	<input type="checkbox"/> Emergency shelter <input type="checkbox"/> Transitional housing for homeless <input type="checkbox"/> Permanent supportive housing for formerly homeless persons <input type="checkbox"/> Psychiatric hospital/facility <input type="checkbox"/> Substance abuse treatment facility/detox <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Staying/living with family, temporary tenure <input type="checkbox"/> Staying/living with friends, temporary tenure <input type="checkbox"/> Hotel/motel paid without emergency voucher  <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Place not meant for habitation <input type="checkbox"/> Other _____ <input type="checkbox"/> Safe Haven <input type="checkbox"/> Rental by client, VASH subsidy <input type="checkbox"/> Rental by client, other (non-VASH) ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Staying/living with family, permanent tenure <input type="checkbox"/> Staying/living with friends, permanent tenure <input type="checkbox"/> Deceased <input type="checkbox"/> Don't Know <input type="checkbox"/> Refused